



MISSISSIPPI GAMING COMMISSION REQUEST  
FOR SELF-EXCLUSION

**INSTRUCTIONS**

1. Please read these instructions and the Request for Self-Exclusion Form, including the waiver and acknowledgement carefully.
2. The person requesting self-exclusion must submit the completed Request for Self-Exclusion Form. **No third party requests will be honored.**
3. Self-Exclusion applications may be obtained from any casino cage and security office, but must be personally presented to any of the MGC Offices listed below.

MGC Southern District Office  
1141 Bayview Avenue, Suite 301  
Biloxi, Mississippi 39530  
(228) 432-0181

MGC Northern District Office  
13118 US Hwy 61N, Suite 312  
Robinsonville, Mississippi 38664  
(662) 363-3073

MGC Jackson Office  
620 North Street, Suite 200  
Jackson, Mississippi 39202  
(601) 576-3800

4. Your photograph and identifying information will be distributed to appropriate personnel of all Mississippi licensed casinos. The information contained in the self-exclusion request form and the self-exclusion list maintained by the MGC is not open to public inspection.
5. Your name will remain on the self-exclusion list and you will be excluded from casino gaming activities at all casino gaming establishments licensed by the MGC for the time specified on your request. After the expiration of your requested time frame for self-exclusion from the MGC, your name will be removed from the list.

# MISSISSIPPI GAMING COMMISSION REQUEST FOR SELF-EXCLUSION

This form is to be completed by a person requesting to be excluded from gaming activities at all licensed casino establishments in the State of Mississippi. All information contained on this form is **CONFIDENTIAL** and the list of persons excluded from casino gaming establishments is not open to public inspection.

## I. IDENTIFICATION INFORMATION

PLEASE PRINT THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: \_\_\_\_\_  
LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

ALIASES OR NICKNAMES USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
NUMBER AND STREET APT#

CITY STATE ZIP CODE

CURRENT TELEPHONE NUMBER: \_\_\_\_\_  
(AREA CODE) NUMBER

SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

\*In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of your request for Self-Exclusion. If provided, your SSN will be disclosed to appropriate personnel of all Mississippi licensed casinos.

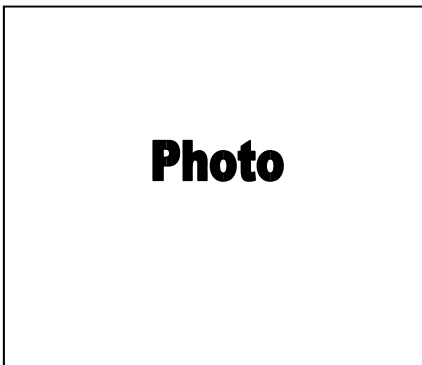
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed at a casino? \_\_\_\_\_ If yes, name of casino and job title \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ GENDER: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS (i.e. scars, tattoos, distinguishing marks, etc.):  
\_\_\_\_\_



## II. LENGTH OF SELF-EXCLUSION PERIOD

\_\_\_\_ 5 years \_\_\_\_ 10 years \_\_\_\_ Lifetime \_\_\_\_ Other, specify: ( not less than Five (5) years)

  
**MISSISSIPPI GAMING COMMISSION**  
**REQUEST FOR SELF-EXCLUSION**

**III. WAIVER AND RELEASE**

I hereby release and hold the State of Mississippi, the Mississippi Gaming Commission and its employees, and all casinos and their affiliated companies, employees, officers and agents harmless from any claim by me or any third party for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to the request for self-exclusion or maintenance or enforcement of the self-exclusion list, including, but not limited to, the forfeiture of any money or thing of value obtained by me from, or owed to me by, a casino as a result of wagers made by me while on the self-exclusion list.

**IV. ACKNOWLEDGEMENT AND SIGNATURE**

I hereby acknowledge the following:

Because I am a problem gambler, I am voluntarily requesting exclusion from the entire premises of all Mississippi casinos, including gaming premises, restaurants, and hotels, and from the issuance of gaming credit, check-cashing privileges, the receipt of direct-marketing and promotional materials regarding gaming opportunities, and collection of any winnings or recovery of any losses during the exclusionary period. I understand that no further points, rewards or benefits may be accumulated or redeemed from the player recognition programs I have participated in. I understand that this self-exclusion request does not release me from any debts incurred prior to or during the self-exclusion period. I understand that during the self-exclusion period, any money or thing of value obtained by me from, or owed to me by, a casino as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture to the Mississippi Gaming Commission. I hereby consent to having this form, my photograph and identifying information disseminated to necessary casino personnel to identify me should I attempt to return to any casino, and further consent to having said information disclosed to casino affiliated companies outside of Mississippi and that I may be excluded from those casinos without further action on my part. I likewise acknowledge that my self-exclusion information may be forwarded by the Mississippi Gaming Commission to the Louisiana and/or Choctaw Gaming Commissions for dissemination to casinos in those jurisdictions, such that I may be self-excluded from those casinos. I acknowledge that for my request of selfexclusion to be truly effective, I must exercise self-restraint and I shall not attempt to enter the premises of any casino or ask any casino employee to assist me with any of the services or privileges which are subject to this request. I acknowledge that I am hereby banned and forbidden from entering the premises of any casino and that if I am found anywhere on the premises of a Mississippi casino, I will immediately be ejected, and within the discretion of the casino, may be arrested and prosecuted for criminal trespass pursuant to Mississippi Code Ann. § 97-17-97; and my continued non cooperation or attempt to breach my self exclusion may result in placement by the Commission on the involuntary exclusion list. I certify that the information that I have provided herein is true and accurate, and that I have read, understand and agree to the waiver and release above.

I understand that if I am a work permitted employee and I enter a casino for purposes other than employment, that will be grounds to revoke my work permit.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE FOR MISSISSIPPI GAMING COMMISSION OFFICIALS ONLY**

Type of identification credentials presented: \_\_\_\_\_

I have examined the above noted identification credentials of the person requesting self-exclusion, and certify that the signature appearing thereon appears and agree with the person's signature above; and that the [check one] \_\_\_\_\_ photograph, or \_\_\_\_\_ general physical description appearing thereon appears to agree with his or her actual appearance.

\_\_\_\_\_  
Employee Date: \_\_\_\_\_ MGC